

All Vermont Acute Care Community Hospitals

Table 2B - Counts of Top 2012 Outpatient Procedures

Procedures displayed include the number of cases for each community hospital's top outpatient surgical procedures by volume for the period of 10/1/2011 to 9/30/2012. Hospital System Number of Cases and Average Gross Charges include all hospitals. For individual hospitals, procedures having fewer than 15 cases are excluded. Blanks in the table indicate that the hospital has fewer than 15 cases for that procedure or the hospital does not perform that procedure. The hospital, however, may perform a similar procedure under a different code which may not be shown. Please call the hospital for more information. Note: the surgical cases shown include some anesthetic procedures for the treatment of pain not connected with surgery.

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* "Clinical Classification System" (CCS) is a grouping of similar ICD-9 codes, such as all those affecting a given organ system of the body. "No data" indicates that no procedure in that particular grouping meets the minimum limits based on the methodology described above.

Outpatient Procedures		Hospital System		Vermont Community Hospitals - Counts Displayed Include Each Hospital's Top Procedures By Volume													
CCS and Procedure Code ¹	Procedure Description	System Number of Cases	System Average Gross Charges	Brattleboro Memorial Hospital	Central Vermont Hospital	Copley Hospital	Fletcher Allen Health Care	Gifford Memorial Hospital	Grace Cottage Hospital	Mount Ascutney Hospital and Health Center	North Country Hospital and Health Center	Northeastern Vermont Regional Hospital	Northwestern Medical Center	Porter Medical Center	Rutland Regional Medical Center	Southwestern Vermont Medical Center	Springfield Hospital
CCS 1	Operations on the Nervous System																
0391	Spinal anesthesia	1,257	\$1,429			121	827			24	181					80	
0392	Injection of a nonanesthetic around the spinal cord, commonly a steroidal substance	3,094	\$1,638	36	444	74	173			91			755		1,163	345	
042	Nerve destruction to relieve pain	841	\$4,710				734			20			60				
0443	Carpal tunnel surgery	1,554	\$4,086	88	110	98	525	103			67	56	124	75	128	102	69
0481	Nerve block to induce anesthesia	1,202	\$990		149	105	316			56			244	33		52	231
CCS 2	Operations on the Endocrine System																
0611	Removal of a sample of thyroid gland using a thin needle	337	\$1,702		34		166									111	
CCS 3	Operations on the Eye																
0881	Repair of cut on lid of eye	389	\$1,473		29	31	119						67	51		32	47
1259	Operation to improve circulation of internal eye fluid	91	\$1,442		16		16					34			24		
1341	Cataract surgery	4,400	\$5,483	419	563	130	785	187		217	293	496	67	425	585	50	183
1364	Incision in eye after cataract surgery	316	\$1,022	60	87		50				33				38	48	
CCS 4	Operations on the Ear																
2001	Tube placement in the ear drum	941	\$2,897		53		573				21		39	123	35	45	28
CCS 5	Operations on the Nose, Mouth, and Pharynx																
282	Removal of tonsils without removing the adenoids	338	\$5,409		41		129				30		30	54	22		
283	Tonsillectomy and removal of the adenoids	314	\$5,426		22		121				30	20	23	49			
286	Adenoidectomy	158	\$4,488				74						16	36			
CCS 7	Operations on the Cardiovascular System																
3722	Cardiac catheterization	611	\$10,228				571								40		
3893	Placement of a catheter in a vein	652	\$1,820				575									18	

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CCS 9	Operations on the Digestive System																
4292	Dilating a narrowed section of esophagus	421	\$3,718	24	62	39	134								101		
4513	Visualization of small intestine using a fiberoptic endoscope, via mouth	1,498	\$3,153	27	204		772			21	54	26	28	15	228	22	79
4516	Visualization and biopsy of esophagus, stomach, and first part of small intestine using a fiberoptic	4,319	\$3,089	234	174	138	1,753	56		22	185	199	531	117	321	478	111
4523	Visualization of large intestine with an endoscope, via rectum	9,721	\$2,561	446	1,133	271	3,482	270		217	524	262	871	276	1,163	342	464
4525	Biopsy (taking a small tissue sample) of lower intestine using a fiberoptic endoscope, via rectum	2,154	\$3,722	282	82	35	843	78		21	64	62	201	77	205	115	89
4542	Visualization and polyp removal from large intestine with an endoscope, via rectum	8,738	\$3,575	213	920	416	3,224	114		23	138	343	487	673	638	1,391	158
4824	Visualization and biopsy of last part of large intestine using a fiberoptic endoscope, via rectum	368	\$2,966	45	87		70			24			19		17	38	38
4836	Visualization and polyp removal from last part of large intestine using a fiberoptic endoscope, via rectum	1,132	\$3,167	20	97	60	316				32	34	84	113	128	185	45
5011	Biopsy of the liver	217	\$4,252	37			142										
5123	Removal of gallbladder using fiberoptic scopes and instruments, via small incisions in the abdominal wall	1,332	\$11,231	64	142	61	315	25		19	79	48	221	68	89	160	41
5304	Repair of a hernia in the groin	413	\$8,427	31	33	21	146	15			34	15		19	51	31	
CCS 10	Operations on the Urinary System																
560	Transurethral removal of obstruction from ureter and renal pelvis	444	\$11,131	19	70		157	28				30			30	56	16
5732	Endoscopy of the bladder	1,424	\$1,430		147	77	1,136								21		
5749	Surgical removal of a lesion or tissue of the bladder using fiberoptic instruments	388	\$7,495	27	46		122	21						16	44	43	20
5794	Bladder Catheter Insertion	658	\$2,295				281			45	37		150			122	
CCS 11	Operations on the Male Genital Organs																
6011	Removal of a sample of prostate gland using a thin needle	75	\$4,733			15		30				15					
640	Removal of the penile foreskin	258	\$3,548		47		64					25	20		18	21	32
CCS 12	Operations on the Female Genital Organs																
6823	Surgical treatment for uterine bleeding	277	\$6,473				20						108	22	40	43	
6831	Laparoscopic Supracervical Hysterectomy (Lsh)	94	\$24,116				53					28					
6909	D & C (dilation and curettage of the uterus)	647	\$5,287	23	106	22	278					15	27	21	46	79	
CCS 13	Obstetrical Procedures																
7534	Monitoring of the fetus in pregnancy	4,139	\$742		815	463	1,312				639	350	174	174		199	
7535	Monitoring of fetus in labor	508	\$727					454			46						

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CCS 14	Operations on the Musculoskeletal System																
7751	Removal of a bunion with soft tissue correction and osteotomy	196	\$9,975				47	21				24	33			27	
7756	Orthopedic surgical procedure to straighten a deformed toe	140	\$7,176				39	22								21	
7788	Other partial osteotomy	75	\$8,571				19	27									
7971	Closed reduction of dislocation of shoulder	229	\$2,452	18	17	35	56						17			20	35
8021	Knee Arthroscopy	72	\$19,026					25									32
8026	Shoulder Arthroscopy	140	\$10,189				15	64									45
806	Knee surgery on the cartilage of the knee	1,519	\$6,425	165	104	106	611	17			18	59	108	64	116	123	24
8145	Knee surgery on internal ligaments	394	\$19,692	29	18	37	148							22	87	15	
8183	Surgical procedure of the shoulder	270	\$11,711	39	16	21	44						26		63	36	
8192	Injection into joint or ligament	3,933	\$1,731	27	134	314	2,583			36	117		251	34	210	179	35
8201	Surgery on the covering of the tendon of the hand	701	\$2,598	47	50	31	328			19		31	49	28	55	30	18
8363	Surgical repair of a shoulder injury	487	\$18,422	47	32	101	137	21					29	24	31	48	
CCS 15	Operations on the Integumentary System																
8511	Breast biopsy	879	\$4,058	46	191	16	328						30	18		172	62
8521	Removal of breast mass	549	\$7,113	25	76		142				43		27	22	96	58	25
8604	Opening and drainage of a skin lesion	1,215	\$1,212	48	109	83	326			34	39		232	176		135	
8605	Removal of a foreign body or device from the skin	645	\$2,158		38	24	271				24		53	39	48	57	51
8607	A tube fitted inside a vein to allow drug injections	606	\$8,297	33	38		308				24	23			98	62	
8609	Surgical incision of the skin and underlying tissues	138	\$3,195								21						87
863	Non-surgical skin treatments	3,329	\$2,196		178	73	2,203	45		20	73	38	324	41	180	130	
864	Radical excision of skin lesion	154	\$4,106				15								80	31	
8659	Repair of cuts of the skin	6,405	\$1,189	530	695	462	1,205			188	442		846	713	18	772	525

Sorted by CCS and procedure codes and alphabetically by Hospital.

Data sources are the 2011 and 2012 Vermont Uniform Hospital Discharge Data Sets as of May 23, 2014. Please see the Act 53 Pricing FAQs for more information.

¹ Based on "International Classification of Diseases - 9th Edition" (ICD-9) procedure codes that define outpatient procedures.

² "Clinical Classification System" (CCS) is a grouping of similar ICD-9 codes, such as all those affecting a given organ system of the body.

³ System Number of Cases includes the number of cases for all hospitals with charges. Records with zero charges are not included.

⁴ System Average Gross Charge is an average based on all hospital cases with charges.

⁵ Grace Cottage Hospital has no procedures with 15 or more cases.